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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><br>(Only for new nonprovisional applications under 37 CFR 1.53(b)) | <b>Attorney Docket No.</b> M4065.0864/P864-A |   |
|  | <b>First Inventor</b> Sandor L. Barna        |   |
|  | <b>Title</b>                                 | <b>LOW LIGHT SENSOR SIGNAL TO NOISE<br/>IMPROVEMENT</b> |
|  | <b>Express Mail Label No.</b>                |   |

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| <b>APPLICATION ELEMENTS</b><br>See MPEP chapter 600 concerning utility patent application contents. | <b>ADDRESS TO:</b><br>MS Patent Application<br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450 |
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| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br>(Submit an original, and a duplicate for fee processing)   | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or<br>Computer Program (Appendix)   |
| 2. <input type="checkbox"/> Applicant claims small entity status.<br>See 37 CFR 1.27.   | 8. Nucleotide and/or Amino Acid Sequence Submission<br>(if applicable, all necessary)  |
| 3. <input checked="" type="checkbox"/> Specification [Total Pages <b>16</b> ]<br>(preferred arrangement set forth below) <ul style="list-style-type: none"><li>- Descriptive title of the invention</li><li>- Cross Reference to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to sequence listing, a table,<br/>or a computer program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul> | a. <input type="checkbox"/> Computer Readable Form (CRF)   |
| 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <b>5</b> ]  | b. Specification Sequence Listing on: <ul style="list-style-type: none"><li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li><li>ii. <input type="checkbox"/> Paper</li></ul> |
| 5. Oath or Declaration [Total Sheets <b>2</b> ] <ul style="list-style-type: none"><li>a. <input type="checkbox"/> Newly executed (original or copy)</li><li>b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br/>(for continuation/divisional with Box 18 completed)<ul style="list-style-type: none"><li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/>Signed statement attached deleting inventor(s)<br/>named in the prior application,<br/>see 37 CFR 1.63(d)(2) and 1.33(b).</li></ul></li></ul>   | c. <input type="checkbox"/> Statements verifying identity of above copies  |
| 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76   |  |

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| <b>ACCOMPANYING APPLICATION PARTS</b>  |  |
| 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))  |  |
| 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement<br>(when there is an assignee) <input type="checkbox"/> Power of<br>Attorney               |  |
| 11. <input type="checkbox"/> English Translation Document (if applicable)  |  |
| 12. <input checked="" type="checkbox"/> Information Disclosure<br>Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS<br>Citations   |  |
| 13. <input checked="" type="checkbox"/> Preliminary Amendment  |  |
| 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br>(Should be specifically itemized)                                  |  |
| 15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br>(if foreign priority is claimed)  |  |
| 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).<br>Applicant must attach form PTO/SB/35 or its equivalent. |  |
| 17. <input type="checkbox"/> Other:  |  |


  

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| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the<br>specification following the title, or in an Application Data Sheet under 37 CFR 1.76:  |                                      |
| <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)  | of prior application No.: 09/359,065 |
| Prior application information: Examiner <b>N. T. Tran</b> Art Unit: <b>2615</b>   |                                      |
| For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied<br>under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by<br>reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts. |                                      |

|   |            |  |                |                 |                |
|---|------------|--|----------------|-----------------|----------------|
| <b>19. CORRESPONDENCE ADDRESS</b>                                       |            |  |                |                 |                |
| <input checked="" type="checkbox"/> Customer Number: <b>24998</b>       |            | OR <input type="checkbox"/> Correspondence address below |                |                 |                |
| <b>Name</b> DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP<br>Thomas J. D'Amico |            |  |                |                 |                |
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| <b>Name (Print/Type)</b> | Thomas J. D'Amico   | <b>Registration No. (Attorney/Agent)</b> | 28,371            |
| <b>Signature</b>         |  | <b>Date</b>                              | February 10, 2004 |

| FEE TRANSMITTAL<br>for FY 2004   |  | Complete if Known    |                   |
|--|--|----------------------|-------------------|
| Effective 10/01/2003, Patent fees are subject to annual revision.              |  | Application Number   | NOT YET ASSIGNED  |
|  |  | Filing Date          | February 10, 2004 |
|  |  | First Named Inventor | Sandor L. Barna   |
|  |  | Examiner Name        | N. T. Tran        |
|  |  | Art Unit             | 2615              |
|  |  | Attorney Docket No.  | M4065.0864/P864-A |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 |  |                      |                   |
| TOTAL AMOUNT OF PAYMENT (\$)   |  | 770.00               |                   |

| METHOD OF PAYMENT (check all that apply)   | FEE CALCULATION (continued)  |  |              |  |                 |                 |          |          |                    |          |          |      |      |       |                    |                                     |                    |      |      |      |                   |  |      |      |              |      |                  |                           |                 |          |          |          |                    |  |      |      |      |      |                        |  |   |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |   |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
|--|--|--|--------------|--|-----------------|-----------------|----------|----------|--------------------|----------|----------|------|------|-------|--------------------|-------------------------------------|--------------------|------|------|------|-------------------|--|------|------|--------------|------|------------------|---------------------------|-----------------|----------|----------|----------|--------------------|--|------|------|------|------|------------------------|--|---|------|--------|------|-----------------------------------|---|------|------|------|------|---------------------------------------|--|------|------|------|------|--|---|------|------|------|------|--|--|---|------|-------|------|-----|---|--|------|-------|------|-------|--|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|
| <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number: 04-1073<br>Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP<br>The Director is authorized to: (check all that apply)<br><input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.  | <h3 style="margin: 0;">3. ADDITIONAL FEES</h3> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>2,010</td><td>2255</td><td>1,005</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>1453</td><td>1,330</td><td>2453</td><td>665</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1501</td><td>1,330</td><td>2501</td><td>665</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>1502</td><td>480</td><td>2502</td><td>240</td><td>Design issue fee</td><td></td></tr> <tr><td>1503</td><td>640</td><td>2503</td><td>320</td><td>Plant issue fee</td><td></td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>1809</td><td>770</td><td>2809</td><td>385</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>1810</td><td>770</td><td>2810</td><td>385</td><td>For each additional invention to be examined (37CFR 1.129(b))</td><td></td></tr> <tr><td>1801</td><td>770</td><td>2801</td><td>385</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> </tbody> </table> | Large Entity   |              | Small Entity   |                 | Fee Description | Fee Paid | Fee Code | Fee (\$)           | Fee Code | Fee (\$) | 1051 | 130  | 2051  | 65                 | Surcharge - late filing fee or oath |                    | 1052 | 50   | 2052 | 25                | Surcharge - late provisional filing fee or cover sheet |      | 1053 | 130          | 1053 | 130              | Non-English specification |                 | 1812     | 2,520    | 1812     | 2,520              | For filing a request for <i>ex parte</i> reexamination |      | 1804 | 920* | 1804 | 920*                   | Requesting publication of SIR prior to Examiner action |   | 1805 | 1,840* | 1805 | 1,840*                            | Requesting publication of SIR after Examiner action |      | 1251 | 110  | 2251 | 55                                    | Extension for reply within first month |      | 1252 | 420  | 2252 | 210  | Extension for reply within second month |      | 1253 | 950  | 2253 | 475  | Extension for reply within third month |   | 1254 | 1,480 | 2254 | 740 | Extension for reply within fourth month |  | 1255 | 2,010 | 2255 | 1,005 | Extension for reply within fifth month |  | 1401 | 330 | 2401 | 165 | Notice of Appeal |  | 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal |  | 1403 | 290 | 2403 | 145 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,330 | 2453 | 665 | Petition to revive - unintentional |  | 1501 | 1,330 | 2501 | 665 | Utility issue fee (or reissue) |  | 1502 | 480 | 2502 | 240 | Design issue fee |  | 1503 | 640 | 2503 | 320 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37CFR 1.129(b)) |  | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  |
| Large Entity   |  | Small Entity   |              | Fee Description  | Fee Paid        |                 |          |          |                    |          |          |      |      |       |                    |                                     |                    |      |      |      |                   |  |      |      |              |      |                  |                           |                 |          |          |          |                    |  |      |      |      |      |                        |  |   |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |   |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code   | Fee (\$)   | Fee Code   | Fee (\$)     |  |                 |                 |          |          |                    |          |          |      |      |       |                    |                                     |                    |      |      |      |                   |  |      |      |              |      |                  |                           |                 |          |          |          |                    |  |      |      |      |      |                        |  |   |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |   |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1051   | 130  | 2051   | 65           | Surcharge - late filing fee or oath  |                 |                 |          |          |                    |          |          |      |      |       |                    |                                     |                    |      |      |      |                   |  |      |      |              |      |                  |                           |                 |          |          |          |                    |  |      |      |      |      |                        |  |   |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |   |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1052   | 50   | 2052   | 25           | Surcharge - late provisional filing fee or cover sheet                     |                 |                 |          |          |                    |          |          |      |      |       |                    |                                     |                    |      |      |      |                   |  |      |      |              |      |                  |                           |                 |          |          |          |                    |  |      |      |      |      |                        |  |   |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |   |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1053   | 130  | 1053   | 130          | Non-English specification  |                 |                 |          |          |                    |          |          |      |      |       |                    |                                     |                    |      |      |      |                   |  |      |      |              |      |                  |                           |                 |          |          |          |                    |  |      |      |      |      |                        |  |   |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |   |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1812   | 2,520  | 1812   | 2,520        | For filing a request for <i>ex parte</i> reexamination                     |                 |                 |          |          |                    |          |          |      |      |       |                    |                                     |                    |      |      |      |                   |  |      |      |              |      |                  |                           |                 |          |          |          |                    |  |      |      |      |      |                        |  |   |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |   |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1804   | 920*   | 1804   | 920*         | Requesting publication of SIR prior to Examiner action                     |                 |                 |          |          |                    |          |          |      |      |       |                    |                                     |                    |      |      |      |                   |  |      |      |              |      |                  |                           |                 |          |          |          |                    |  |      |      |      |      |                        |  |   |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |   |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1805   | 1,840*   | 1805   | 1,840*       | Requesting publication of SIR after Examiner action                        |                 |                 |          |          |                    |          |          |      |      |       |                    |                                     |                    |      |      |      |                   |  |      |      |              |      |                  |                           |                 |          |          |          |                    |  |      |      |      |      |                        |  |   |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |   |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1251   | 110  | 2251   | 55           | Extension for reply within first month                                     |                 |                 |          |          |                    |          |          |      |      |       |                    |                                     |                    |      |      |      |                   |  |      |      |              |      |                  |                           |                 |          |          |          |                    |  |      |      |      |      |                        |  |   |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |   |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1252   | 420  | 2252   | 210          | Extension for reply within second month                                    |                 |                 |          |          |                    |          |          |      |      |       |                    |                                     |                    |      |      |      |                   |  |      |      |              |      |                  |                           |                 |          |          |          |                    |  |      |      |      |      |                        |  |   |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |   |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1253   | 950  | 2253   | 475          | Extension for reply within third month                                     |                 |                 |          |          |                    |          |          |      |      |       |                    |                                     |                    |      |      |      |                   |  |      |      |              |      |                  |                           |                 |          |          |          |                    |  |      |      |      |      |                        |  |   |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |   |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1254   | 1,480  | 2254   | 740          | Extension for reply within fourth month                                    |                 |                 |          |          |                    |          |          |      |      |       |                    |                                     |                    |      |      |      |                   |  |      |      |              |      |                  |                           |                 |          |          |          |                    |  |      |      |      |      |                        |  |   |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |   |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1255   | 2,010  | 2255   | 1,005        | Extension for reply within fifth month                                     |                 |                 |          |          |                    |          |          |      |      |       |                    |                                     |                    |      |      |      |                   |  |      |      |              |      |                  |                           |                 |          |          |          |                    |  |      |      |      |      |                        |  |   |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |   |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1401   | 330  | 2401   | 165          | Notice of Appeal   |                 |                 |          |          |                    |          |          |      |      |       |                    |                                     |                    |      |      |      |                   |  |      |      |              |      |                  |                           |                 |          |          |          |                    |  |      |      |      |      |                        |  |   |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |   |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1402   | 330  | 2402   | 165          | Filing a brief in support of an appeal                                     |                 |                 |          |          |                    |          |          |      |      |       |                    |                                     |                    |      |      |      |                   |  |      |      |              |      |                  |                           |                 |          |          |          |                    |  |      |      |      |      |                        |  |   |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |   |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1403   | 290  | 2403   | 145          | Request for oral hearing   |                 |                 |          |          |                    |          |          |      |      |       |                    |                                     |                    |      |      |      |                   |  |      |      |              |      |                  |                           |                 |          |          |          |                    |  |      |      |      |      |                        |  |   |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |   |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1451   | 1,510  | 1451   | 1,510        | Petition to institute a public use proceeding                              |                 |                 |          |          |                    |          |          |      |      |       |                    |                                     |                    |      |      |      |                   |  |      |      |              |      |                  |                           |                 |          |          |          |                    |  |      |      |      |      |                        |  |   |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |   |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1452   | 110  | 2452   | 55           | Petition to revive - unavoidable   |                 |                 |          |          |                    |          |          |      |      |       |                    |                                     |                    |      |      |      |                   |  |      |      |              |      |                  |                           |                 |          |          |          |                    |  |      |      |      |      |                        |  |   |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |   |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1453   | 1,330  | 2453   | 665          | Petition to revive - unintentional   |                 |                 |          |          |                    |          |          |      |      |       |                    |                                     |                    |      |      |      |                   |  |      |      |              |      |                  |                           |                 |          |          |          |                    |  |      |      |      |      |                        |  |   |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |   |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1501   | 1,330  | 2501   | 665          | Utility issue fee (or reissue)   |                 |                 |          |          |                    |          |          |      |      |       |                    |                                     |                    |      |      |      |                   |  |      |      |              |      |                  |                           |                 |          |          |          |                    |  |      |      |      |      |                        |  |   |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |   |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1502   | 480  | 2502   | 240          | Design issue fee   |                 |                 |          |          |                    |          |          |      |      |       |                    |                                     |                    |      |      |      |                   |  |      |      |              |      |                  |                           |                 |          |          |          |                    |  |      |      |      |      |                        |  |   |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |   |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1503   | 640  | 2503   | 320          | Plant issue fee  |                 |                 |          |          |                    |          |          |      |      |       |                    |                                     |                    |      |      |      |                   |  |      |      |              |      |                  |                           |                 |          |          |          |                    |  |      |      |      |      |                        |  |   |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |   |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1460   | 130  | 1460   | 130          | Petitions to the Commissioner  |                 |                 |          |          |                    |          |          |      |      |       |                    |                                     |                    |      |      |      |                   |  |      |      |              |      |                  |                           |                 |          |          |          |                    |  |      |      |      |      |                        |  |   |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |   |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1807   | 50   | 1807   | 50           | Processing fee under 37 CFR 1.17(q)  |                 |                 |          |          |                    |          |          |      |      |       |                    |                                     |                    |      |      |      |                   |  |      |      |              |      |                  |                           |                 |          |          |          |                    |  |      |      |      |      |                        |  |   |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |   |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1806   | 180  | 1806   | 180          | Submission of Information Disclosure Stmt                                  |                 |                 |          |          |                    |          |          |      |      |       |                    |                                     |                    |      |      |      |                   |  |      |      |              |      |                  |                           |                 |          |          |          |                    |  |      |      |      |      |                        |  |   |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |   |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 8021   | 40   | 8021   | 40           | Recording each patent assignment per property (times number of properties) |                 |                 |          |          |                    |          |          |      |      |       |                    |                                     |                    |      |      |      |                   |  |      |      |              |      |                  |                           |                 |          |          |          |                    |  |      |      |      |      |                        |  |   |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |   |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1809   | 770  | 2809   | 385          | Filing a submission after final rejection (37 CFR 1.129(a))                |                 |                 |          |          |                    |          |          |      |      |       |                    |                                     |                    |      |      |      |                   |  |      |      |              |      |                  |                           |                 |          |          |          |                    |  |      |      |      |      |                        |  |   |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |   |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1810   | 770  | 2810   | 385          | For each additional invention to be examined (37CFR 1.129(b))              |                 |                 |          |          |                    |          |          |      |      |       |                    |                                     |                    |      |      |      |                   |  |      |      |              |      |                  |                           |                 |          |          |          |                    |  |      |      |      |      |                        |  |   |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |   |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1801   | 770  | 2801   | 385          | Request for Continued Examination (RCE)                                    |                 |                 |          |          |                    |          |          |      |      |       |                    |                                     |                    |      |      |      |                   |  |      |      |              |      |                  |                           |                 |          |          |          |                    |  |      |      |      |      |                        |  |   |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |   |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1802   | 900  | 1802   | 900          | Request for expedited examination of a design application                  |                 |                 |          |          |                    |          |          |      |      |       |                    |                                     |                    |      |      |      |                   |  |      |      |              |      |                  |                           |                 |          |          |          |                    |  |      |      |      |      |                        |  |   |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |   |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <h3 style="margin: 0;">1. BASIC FILING FEE</h3> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td>770.00</td></tr> <tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr> </tbody> </table> <p style="text-align: right; font-weight: bold;">SUBTOTAL (1) (\$)</p>  | Large Entity   |  | Small Entity |  | Fee Description | Fee Paid        | Fee Code | Fee (\$) | Fee Code           | Fee (\$) | 1001     | 770  | 2001 | 385   | Utility filing fee | 770.00                              | 1002               | 340  | 2002 | 170  | Design filing fee |  | 1003 | 530  | 2003         | 265  | Plant filing fee |                           | 1004            | 770      | 2004     | 385      | Reissue filing fee |  | 1005 | 160  | 2005 | 80   | Provisional filing fee |  | <p style="text-align: right; font-weight: bold;">770.00</p> |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |   |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity   |  | Small Entity   |              | Fee Description  |                 |                 | Fee Paid |          |                    |          |          |      |      |       |                    |                                     |                    |      |      |      |                   |  |      |      |              |      |                  |                           |                 |          |          |          |                    |  |      |      |      |      |                        |  |   |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |   |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code   | Fee (\$)   | Fee Code   | Fee (\$)     |  |                 |                 |          |          |                    |          |          |      |      |       |                    |                                     |                    |      |      |      |                   |  |      |      |              |      |                  |                           |                 |          |          |          |                    |  |      |      |      |      |                        |  |   |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |   |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1001   | 770  | 2001   | 385          | Utility filing fee   | 770.00          |                 |          |          |                    |          |          |      |      |       |                    |                                     |                    |      |      |      |                   |  |      |      |              |      |                  |                           |                 |          |          |          |                    |  |      |      |      |      |                        |  |   |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |   |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1002   | 340  | 2002   | 170          | Design filing fee  |                 |                 |          |          |                    |          |          |      |      |       |                    |                                     |                    |      |      |      |                   |  |      |      |              |      |                  |                           |                 |          |          |          |                    |  |      |      |      |      |                        |  |   |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |   |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1003   | 530  | 2003   | 265          | Plant filing fee   |                 |                 |          |          |                    |          |          |      |      |       |                    |                                     |                    |      |      |      |                   |  |      |      |              |      |                  |                           |                 |          |          |          |                    |  |      |      |      |      |                        |  |   |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |   |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1004   | 770  | 2004   | 385          | Reissue filing fee   |                 |                 |          |          |                    |          |          |      |      |       |                    |                                     |                    |      |      |      |                   |  |      |      |              |      |                  |                           |                 |          |          |          |                    |  |      |      |      |      |                        |  |   |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |   |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1005   | 160  | 2005   | 80           | Provisional filing fee   |                 |                 |          |          |                    |          |          |      |      |       |                    |                                     |                    |      |      |      |                   |  |      |      |              |      |                  |                           |                 |          |          |          |                    |  |      |      |      |      |                        |  |   |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |   |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <h3 style="margin: 0;">2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</h3> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <tbody> <tr> <td>Total Claims</td> <td>18</td> <td>-20** =</td> <td>0</td> <td>x</td> <td>18.00</td> <td>=</td> <td>0.00</td> </tr> <tr> <td>Independent Claims</td> <td>3</td> <td>-3** =</td> <td>0</td> <td>x</td> <td>86.00</td> <td>=</td> <td>0.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>=</td> <td></td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> </tbody> </table> <p style="text-align: right; font-weight: bold;">SUBTOTAL (2) (\$)</p> | Total Claims   | 18   | -20** =      | 0  | x               | 18.00           | =        | 0.00     | Independent Claims | 3        | -3** =   | 0    | x    | 86.00 | =                  | 0.00                                | Multiple Dependent |      |      |      |                   |  | =    |      | Large Entity |      | Small Entity     |                           | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code           | Fee (\$)   | 1202 | 18   | 2202 | 9    | Claims in excess of 20 |  | 1201  | 86   | 2201   | 43   | Independent claims in excess of 3 |   | 1203 | 290  | 2203 | 145  | Multiple dependent claim, if not paid |  | 1204 | 86   | 2204 | 43   | ** Reissue independent claims over original patent |   | 1205 | 18   | 2205 | 9    | ** Reissue claims in excess of 20 and over original patent |  | <p style="text-align: right; font-weight: bold;">0.00</p> |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Total Claims   | 18   | -20** =  | 0            | x  | 18.00           | =               | 0.00     |          |                    |          |          |      |      |       |                    |                                     |                    |      |      |      |                   |  |      |      |              |      |                  |                           |                 |          |          |          |                    |  |      |      |      |      |                        |  |   |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |   |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Independent Claims   | 3  | -3** =   | 0            | x  | 86.00           | =               | 0.00     |          |                    |          |          |      |      |       |                    |                                     |                    |      |      |      |                   |  |      |      |              |      |                  |                           |                 |          |          |          |                    |  |      |      |      |      |                        |  |   |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |   |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Multiple Dependent   |  |  |              |  |                 | =               |          |          |                    |          |          |      |      |       |                    |                                     |                    |      |      |      |                   |  |      |      |              |      |                  |                           |                 |          |          |          |                    |  |      |      |      |      |                        |  |   |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |   |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity   |  | Small Entity   |              | Fee Description  | Fee Paid        |                 |          |          |                    |          |          |      |      |       |                    |                                     |                    |      |      |      |                   |  |      |      |              |      |                  |                           |                 |          |          |          |                    |  |      |      |      |      |                        |  |   |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |   |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code   | Fee (\$)   | Fee Code   | Fee (\$)     |  |                 |                 |          |          |                    |          |          |      |      |       |                    |                                     |                    |      |      |      |                   |  |      |      |              |      |                  |                           |                 |          |          |          |                    |  |      |      |      |      |                        |  |   |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |   |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202   | 18   | 2202   | 9            | Claims in excess of 20   |                 |                 |          |          |                    |          |          |      |      |       |                    |                                     |                    |      |      |      |                   |  |      |      |              |      |                  |                           |                 |          |          |          |                    |  |      |      |      |      |                        |  |   |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |   |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201   | 86   | 2201   | 43           | Independent claims in excess of 3  |                 |                 |          |          |                    |          |          |      |      |       |                    |                                     |                    |      |      |      |                   |  |      |      |              |      |                  |                           |                 |          |          |          |                    |  |      |      |      |      |                        |  |   |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |   |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203   | 290  | 2203   | 145          | Multiple dependent claim, if not paid                                      |                 |                 |          |          |                    |          |          |      |      |       |                    |                                     |                    |      |      |      |                   |  |      |      |              |      |                  |                           |                 |          |          |          |                    |  |      |      |      |      |                        |  |   |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |   |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204   | 86   | 2204   | 43           | ** Reissue independent claims over original patent                         |                 |                 |          |          |                    |          |          |      |      |       |                    |                                     |                    |      |      |      |                   |  |      |      |              |      |                  |                           |                 |          |          |          |                    |  |      |      |      |      |                        |  |   |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |   |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205   | 18   | 2205   | 9            | ** Reissue claims in excess of 20 and over original patent                 |                 |                 |          |          |                    |          |          |      |      |       |                    |                                     |                    |      |      |      |                   |  |      |      |              |      |                  |                           |                 |          |          |          |                    |  |      |      |      |      |                        |  |   |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |   |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <p style="font-size: 0.7em;">**or number previously paid, if greater; For Reissues, see above</p>  |  | <p style="font-size: 0.7em;">*Reduced by Basic Filing Fee Paid</p>     |              |  |                 |                 |          |          |                    |          |          |      |      |       |                    |                                     |                    |      |      |      |                   |  |      |      |              |      |                  |                           |                 |          |          |          |                    |  |      |      |      |      |                        |  |   |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |   |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
|  |  | <p style="text-align: right; font-weight: bold;">SUBTOTAL (3) (\$)</p> |              |  |                 |                 |          |          |                    |          |          |      |      |       |                    |                                     |                    |      |      |      |                   |  |      |      |              |      |                  |                           |                 |          |          |          |                    |  |      |      |      |      |                        |  |   |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |   |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
|  |  | <p style="text-align: right; font-weight: bold;">0.00</p>              |              |  |                 |                 |          |          |                    |          |          |      |      |       |                    |                                     |                    |      |      |      |                   |  |      |      |              |      |                  |                           |                 |          |          |          |                    |  |      |      |      |      |                        |  |   |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |   |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |

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